

PPG MEETING MINUTES – 6TH MARCH 2025

PRESENT

Dr M Farrelly – Senior Practice Partner
Vernon Morgan – Chair
Nayib Ahmed – Practice Manager
Carol Taffinder – For NHS Network
Beverley Saunders
Daniel Kruyer
Anne Palmer
Kit Chan
Hugh Maloney
Deborah Savage
Angela Orphanou
Samantha Melbye
Shai Davies
Angela Abeysinghe - Audio only.
Sally Unwin – Secretary

APOLOGIES

Mike Smith
Mike Nulty
Jerone Cotter

The Chairman welcomed everyone to this, the first in person meeting of 2025. He specially extended a warm welcome to Samatha Melbye, a founding member of the PPG some 13 years ago and new member Angel Orphanou.

The issue with the meeting Minutes being posted on Wapping Group Practice Website has been resolved, and in future will be publicly accessible. The Chairman would like to see a 30% uplift in participants to the PPG and this will also be mentioned on the website.

1.Wapping Group Practice Report

Dr Farrelly advised that following the departure of Sayem from the reception team, his replacement is Lina Moni. There have been no changes to doctors or other health professionals at the practice since we last met.

Telecoms: The Practice handles approximately 5000 inbound calls per month. New data available through the comms provider shows the average call wait time, prior to being picked up by one of the team, is now only 4 mins 14 seconds, which is a huge improvement for patients on hold for appointments.

Family Doctors: Politicians are advocating returning to the revival of the family doctor. A concept where one named practitioner has most contact with any given patient. The reality is that as Wapping Group Practice has 9 doctors working on a revolving schedule of sessions, if you wish to see a particular GP, the chances are you will have to wait for that preferential Gp appointment. Anything else is unworkable with such a large catchment. An appointment with a duty doctor will be secured without delay. Dr Farrelly did ask that patients with complex medical issues should try and see the same doctor for consistency for both parties. The practice attends to approximately 90+ patients per day between a mix of telephone consultations, and face-to-face appointments, generally with three doctors on duty. Whilst patients do say they are not able to always get an appointment, the reality is that Wapping Group Practice (out of the 32 GP practices across the borough) has the lowest take up by their patients within the Network hub. Implying that although appointments are available at alternative venues, patients prefer to

be seen within their own surgery, rather than using either 111, A&E or one of the alternative on-duty hub venues.

Complaints: No specific issues at the current time. However, a number of families have raised issues concerning the NHS position on Patient Resuscitation in hospital settings. There are various types of forms relating to this area, with: (DNACPR) - Do not attempt cardiopulmonary resuscitation. (DNAR) - do not attempt resuscitation and finally, DNR - Do not resuscitate. All these categories are different and are seemingly being imposed by some hospital doctors on elderly inpatients without consultation with the patient or the patient's family. Dr Farrelly clarified that the doctors must act in the patient's best interests and that finally, it is still the doctor's decision. Dr Farrelly reminded the group of the importance of having a Lasting Power of Attorney in place for health and welfare, to ensure the wider family members can act in the best interest of a patient. Safeguarding an individual's rights, beliefs and final decisions. Patients may make what is called an Advance Statement recording their wishes, including those for CPR, which is not recommended for patients on palliative care or patients who are frail as it is considered an invasive procedure and can cause broken ribs and distress in recovery. The chairman suggested that families try to identify these issues and find time to record the wishes of loved ones whilst they maintain capacity. As the bill on Assisted Dying receives parliamentary time, and gets closer to becoming law in the UK, it is important that we need a wider debate on end-of-life care. We must consider that sensibilities vary, and not all religions and ethnicities are the same. The group were reminded of the new Opt-out requirement for patients regarding organ donation, and the recent changes in law in 2019. All UK citizens are considered to be in agreement to donate their organs, unless they have registered before death their right to Opt-out or are in an excluded group. Some patients will be unaware that the list of organs has been extended, and the chair recommends that patients make their own informed decision by looking at the information available via Organ Donation website.

The chair reminded the group that he and Jerome had followed up the issue of Employer's National Insurance with Apsana Begum, our local MP, who has raised the issue with Stephen Kinnock for the UK Government. In a vote 28th February 2025 the House of Lords voted 305 to 175, inflicting a series of defeats on the government at report stage of the National Insurance Contributions (Secondary Class 1 Contributions) Bill. These include amending the bill to create exemptions from the employer NICs increase for health and care providers, for charities with annual revenue of less than £1 million, for employers employing fewer than 25 staff and for employers providing transport for children with special educational needs and disabilities. The government opposed these amendments, and it goes back for The House of Commons Review. MPs will decide whether to accept, reject, or modify the amendment. Political Ping-Pong between the Lords and the Commons will now ensue, but at least there is traction and support for the final version and exemptions for the bill.

Norovirus.

Norovirus continues to grip the NHS with the number of beds taken up by patients with the virus is three times higher than last year. The total remains close to its record high, with an average of 1,134 patients a day in hospital with the norovirus last week, (470 for this period last year).

Epilepsy in Children. NICE has approved a new epilepsy treatment for infants called Fenfluramine which is particularly effective for children suffering severe epilepsy, specifically, Lennox-Gastaut syndrome. This is for children who suffer multiple daily seizures. It is the first non-cannabis-based treatment approved for this form of epilepsy.

LGS is a rare, lifelong, and treatment-resistant form of epilepsy that causes frequent, unpredictable, and debilitating seizures. In severe cases, children may experience multiple seizures throughout the day, significantly impacting their quality of life. These seizures often

lead to cognitive issues, difficulties with mobility, and an increased risk of injury due to sudden loss of muscle control. Fenfluramine is an oral liquid medicine taken daily, with the dose tailored to each patient based on their weight from two years of age. It works by increasing the levels of serotonin in the brain, which helps to reduce seizure activity.

Healthcare Services - Move from Treatment to Prevention: The Practice has many social prescribers available to patients, including help with Diet, Exercise, finance, social anxiety etc. The Social Welfare Service (formerly Citizens Advice Bureau) operates from the Surgery on Mondays and appointments must be booked through the reception staff. It was agreed that this extremely useful service should be publicised more and the chairman agreed to organise for some social media postings with the help of Samatha Melbye. By taking a holistic approach to patient wellbeing, the NHS will work with existing specialist practitioners, allowing GP practices a new and informed strategy. The concept, to tackle the emotional, and financial root causes of many patients' issues, as well as supporting them physically and medically. The belief is that by addressing the many areas of stress, and anxiety that are impacting upon the lives of our patients, councillors will identify and halt some root causes of concern, before they become medically severe problems that require long term treatment and medical care. The pace of our lives has changed. General Practice will change over the next 10 years to a programme of healthcare regimes for the modern world. It must move away from some of the stereotypical appointments systems to more flexible technology driven innovation.

Breast Cancer Awareness Campaign. The campaign involving high profile women has been hugely effective with a significant improvement on the numbers of women actively engaging with the advertising. The purpose of which is to ensure women take up their invitations for mammograms and screening appointments. Women are called for their first appointments between the ages of 50-53 years. They receive 3 yearly checks thereafter. Women aged 71 and over must self-refer. The Network runs several patient education workshops at various locations across the borough. The events offer residents reassurance and advice on a range of NHS services. From the NHS App and digital connectivity to cancer screening services and particularly destigmatising fears on home sample kits for bowel cancer. The staff reinforce the importance on accepting first-time invitations for breast screening, where figures show nationally that almost 40% of those invited for first-time mammograms (believe it a painful procedure) and as a result, don't act on their invitation.

NHS England's chief executive, Amanda Pritchard, has announced that she is to step down at the end of this month after three and a half years in the post.

The surprise announcement on 25 February, followed recent strong criticism by two high profile parliamentary committees that questioned the ability of NHS leaders to implement the changes to the health service desired by the government. Pritchard, who has also been chief operating officer at NHS England since 2019 and previously served as chief executive of Guy's and St Thomas' NHS Foundation Trust in London, said she believed that now was the time for her to leave the service, with the NHS continuing to make progress in its recovery from the covid-19 pandemic. Her position will be filled by Sir Jim Mackey. He will step in on a secondment basis, with a remit to radically reshape how NHS England and Dept Health and Social Care work together. He is currently the Chief Executive of Newcastle Hospitals NHS Foundation Trust and National Director of Elective Recovery, with demonstrable experience of leadership at a local, regional and national level. Mackey has previous experience of national leadership within the NHS – notably during his previous tenure as chief executive of NHS Improvement.

Competition for patient data by healthcare providers.

The promotion of a new hosting company, - Healthera Limited, has evolved for our patients in direct competition with the NHS App. Patients have been encouraged to use the service via text messages sent to their mobile devices. It is administratively highly confusing, and it was recommended that all patients decline to subscribe to this App for their repeat prescriptions, until verification can be undertaken. It is believed that the text messages have been sent out by Tower Pharmacy and it has nothing to do with the surgery. The Chair has sought a meeting with the proprietor of the pharmacy in order to establish the facts and understand the highly competitive market that has evolved with a number of commercial providers trying to access sensitive personal information from our patients. These include Emis Health, Pharmacy 2 U, Royal Mail, Patient Access, Boots, Superdrug Online Pharmacy, and a number of other independent providers. The surgery has advocated that our patients use the NHS App to order repeat prescriptions, book Gp appointments and manage their medical records, because it is secure and functions across the Gp/ NHS England platform. The other providers are stalking as unregulated providers but are potentially capable of holding vast quantities of valuable patient data. The Chairman agreed that he would write to the Department of Health and Social Care voicing an urgent need for regulation in this area before patients suffer identity fraud and scams from organised crime. Patients are currently left utterly bewildered by which service they should register, and it damages the months of advertising and promotion undertaken by the NHS encouraging and training patients to use the national NHS App.

2. Chairman's Report

The Secretary of State for Health has announced that the government has reached a settlement with the BMA and as a result, GP's have called off their industrial action. The BMA has agreed "in principle" to an £889m funding uplift to GPs' contracts in England this year, on the condition that the government commits to negotiating a completely new national contract within the current parliament.

The 2025-26 General Medical Services (GMS) deal promises a reduction in bureaucracy for GPs, greater flexibility for practices in employing different healthcare staff, and an increase in the fees paid for routine childhood vaccinations. Patients we are told will also be able to book more appointments online and nominate to see their usual doctor, returning to the idealistic concept of a family Gp. (A system that is difficult to administrate in large London practices such as Wapping, with 8-10 doctors on rotating sessions.)

The changes to the GP Contract for 2025/26 marks a major step forward in the government's mission to shift care into the community. The government have committed to focus **on prevention** and to move from analogue to digital. The changes offer greater freedom to Gp's by cutting red tape and empowering patients by improving digital access to practices. Patients will be encouraged to take responsibility for their own health by building exercise into their lives and eating healthily. FIT technology, smart watches and health and fitness Apps will be supported as innovative methodologies for monitoring health and taking responsibility for one's own clinical outcomes. Patients will be encouraged to use smart technology, blood pressure monitoring and other devices to regulate heart and general health whilst building a programme of healthy eating and a regime of good nutrition. The chairman raised his concerns that it is people in the poorest communities that suffer from depravation, poor life chances, unemployment and low wages, and as a consequence, it is these patients that suffer poor health. It is this social imbalance that prohibits access to political gimmicks such as the government's suggestion of FIT watches and exercise Apps on Smart phones. To suggest that these technical devices are nationally accessible to everyone is insulting to both general practitioners and to their patients. The chair is wary of political language directed at primary

care, such as: “This government is fixing the front door to the NHS” and “putting patients first”. The reason that patients hold feeling of resentment is because of the broken promises, and the succession of terrible service experienced by patients nationally from hospitals and specialist outpatient NHS services.

There are a number of other administrative changes that will commence from October 2025 that are too numerous and complex to detail now, and that we will return to throughout the year. NHS England will publish a patient charter which will set out the standards a patient can expect from their practice, as outlined in the GP contract. The charter will need to be published on the practice website. This will improve transparency for patients and make it easier for them to know how practices should handle their request and what to expect from their practice.

In order to support the government’s ambition to reduce premature mortality from heart disease or stroke by 25% within a decade, GP’s will be encouraged to identify patients at risk and manage them through primary care.

Following recommendations by The Joint Committee on Vaccination and Immunisations (JCVI), there will be a number of changes made to routine adult and childhood vaccination schedules.

Specifically changes to MMR and a new immunisation visit for infants at 18 months and adult schedules in 2025/26. Plus, changes to adult shingles programme reflecting new evidence on the effectiveness of the vaccination for a broader severely immunosuppressed cohort. Dr Farrelly has acknowledged that in recent years, there has been a considerable push-back from parents concerning infant immunisation particularly surrounding take-up and MMR reticence. The JCVI recommendations to move the date forward from 3 years 4 months to the new date of 18 months are designed to improve coverage. There may be greater resistance from parents to the lowering of the age, making the task of Gp’s increasingly challenging to halt these types of infectious deceases, such as Rubella, and Whooping cough in our communities. More work is required by government to encourage participation and allay fears of vaccination side effects.

The primary care patient safety strategy was published in September 2024. There will be new administration changes to this strategy for the benefit of patients.

3. Information for Patients

The National Medical Director, and Chief Medical Officer Professor Sir Chris Whitty will oversee a significant review into postgraduate training for newly qualified medics. The study will address concerns raised by Resident Doctors (previously known as Junior Doctors), with major changes across the profession. The engagement and listening programme will run through to the end of June 2025 with findings reported thereafter.

COVID-19, Norovirus and RSV reports:

Covid outbreaks give a somewhat mixed picture with some 1000 patients hospitalised and numbers rising in the North-West of England, and Birmingham. In the past two weeks the UK has suffered just under 100 deaths associated with Covid 19 in hospital settings, mostly with patients on or over 85 years of age.

Those aged 85 years and over had the highest hospital admission rate, which remained stable at approx. 13.14 patients per 100,000 of population.

A new COVID vaccination programme will run from 1st April – 17th June for over 75 years and severely immunosuppressed individuals only.

Influenza (flu) activity overall decreased across most indicators and was at low activity levels - there continues to be an increase in influenza B activity, predominantly in children of school going age and adults up to 44 years of age.

Norovirus reports in the 2-week period between 3 to 16 February 2025 were 29.4% higher than the previous 2-week period - the total number of reports was 168% higher than the season average for the same 2-week period - laboratory reporting remained highest in adults aged 65 years and over.

Most stats are obtained from testing in hospital settings, the domestic picture may be different as many people have stopped testing and symptoms may be mild or attributed to winter colds and bugs.

4. Community Reports from Members:

Substance Misuse Centre at 15 Chandler Street – a decision is likely in the near future, but alternative venues are being actively considered.

Chinese Embassy at Royal Mint Court. The UK Government has made the unusual but lawful decision to call in the Application, meaning the final planning decision no longer lies with LBTH at a local level. The Public Enquiry has now ended although there remains considerable exchange between the legal representatives acting for the Applicant and the LBTH. Specifically, pertaining to the Conditions and the Section 106 Notices. The final decision will rest with The Secretary of State for Buildings, Housing and Communities, Angela Rayner, (The Deputy Prime Minister)

The Ward Panel members present discussed the current issues surrounding the shoplifting at Sainsbury's and the delivery bikes, Deliveroo & Uber etc, at Waitrose and the initiatives the local police are involved with to help contain these problems. The issue of the horses/trotters descending on mass on Wapping is being coordinated by the Ward Panel with the Police and the Council to arrive at a coordinated response to the problem and to ensure disruption on the Wapping community is reduced.

The Chairman brought the meeting to a close at 7:30pm.

Members are asked to note their diaries for the next two meetings, starting at 6:15pm prompt:

Thursday 1st May

Thursday 26th June

***Please Note:**

(We have decided to move the summer meeting forward from that scheduled for 3rd July, to avoid holiday clashes and improve attendance during this period.)